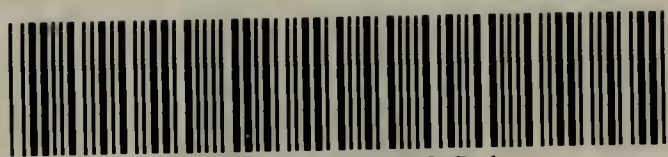




**MEDICAL AND
CLINICAL REPORT**
OF THE
ELSIE INGLIS MEMORIAL
MATERNITY HOSPITAL
EDINBURGH

For the Year 1946



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Elsie Inglis
Memorial Maternity Hospital
EDINBURGH

MEDICAL
AND CLINICAL REPORT
For the Year 1946

BY

DOROTHY M. RESIDE, M.B., CH.B.
Clinical Assistant and Registrar

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Attending Medical Officers.

BRUNTSFIELD HOSPITAL

ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL.

Physician

MARGARET MARTIN, M.A., M.B.,
F.R.C.P.E.

Assistant Physician

JESSIE SYM, M.D., D.P.H.

Surgeon and Gynæcologist

GERTRUDE HERZFELD, M.B.,
F.R.C.S.E.

Assistant Surgeon

ROSAMUND M. I. MACKAY, M.B.
F.R.C.S.E.

Hon. Obstetricians

JOAN K. ROSE, M.A., M.D., F.R.C.O.G.
SUSANNE J. PATERSON, M.A., M.D., F.R.C.S.E., M.R.C.O.G.

Assistant Hon. Obstetricians

ELIZABETH MCCALLUM, M.A., LL.B., F.R.C.S.E., M.R.C.O.G.
ETHNA W. LITTLE, M.B., CH.B., F.R.C.S.E.

Hon. Pædiatrician

MARGARET B. MARTIN, M.A., M.B., F.R.C.P.E., CH.B.

Hon. Assistant for Ante-Natal Clinics and Pædiatrics

ELUNED M. STEVEN, M.B., B.S., D.R.C.O.G., D.C.H.

Hon. Anæsthetist

SHEINA WATTERS, M.B., CH.B., D.A.

Hon. Radiologist

Registrar and Clinical Assistant

DOROTHY M. RESIDE, M.B., CH.B.

Hon. Anæsthetists—Mrs LITTLE S. DUMMER, M.B., D.P.H.
E. G. BATTERS, M.B., CH.B.

Bacteriologist and Venereologist—H. MARGARET BRAND, M.B., CH.B.

Hon. Radiologist—MARGARET S. KING, M.B., CH.B., D.M.R.

Assistant Physician for Child Welfare—A. B. LOTHIAN, M.B.

Pathologist—AGNES R. MACGREGOR, M.D., F.R.C.P.E.

Consultant in Venereology—W. J. BARRIE, M.B., CH.B.

Consultant in Psychiatry—ANNIE D. YOUNG, M.B., CH.B.

Hon. Consulting Physician—MARY MACNICOL, L.R.C.P. & S. (EDIN.).

DETAILED MEDICAL AND CLINICAL REPORT FOR 1946.

Total number of admissions to hospital	....	....	....	1675
Number of confinements in hospital (including 38 abortions)	....	....	....	1420
Number of confinements on district (including 8 abortions)	....	....	....	608
Total number of confinements attended by hospital staff	....	....	....	<u>2028</u>

HOSPITAL CASES

Patients delivered after the 28th week of pregnancy	....	....	....	1372
Patients delivered before the 28th week of pregnancy	....	....	....	48
Patients admitted for ante-natal treatment and discharged undelivered	....	....	....	125
Patients admitted in third stage or immediately after delivery	....	....	....	25
Patients admitted for post-natal care	....	....	....	32
Patients transferred to other hospitals	....	....	....	5

MATERNAL MORTALITY

Of the 1420 patients delivered in hospital, 8 died, representing a maternal mortality of 5.63 per thousand.

Among those patients treated in their own homes there were no deaths.

This represents a total mortality amongst all patients treated by the hospital staff of 3.94 per thousand.

MATERNAL MORBIDITY

The standard adopted is as follows: All fatal cases and all cases in which the temperature reaches 100.4° F. in any two of the bi-daily readings from the end of the first day until discharge from hospital or the end of the 21st day after delivery.

In Hospital, 52 cases	....	....	<i>i.e.</i>	3.6 per cent. morbidity
On District, 4 cases	....	....	<i>i.e.</i>	.65 per cent. morbidity
Total Morbidity	....	....	....	2.7 per cent.

STILL-BIRTHS AND NEO-NATAL MORTALITY

(FULL DETAILS IN PAEDIATRIC SECTION)

Still-birth rate in Hospital	....	....	....	34 per 1000.
on District	....	....	....	18 per 1000.
Neo-Natal Mortality in Hospital	....	....	....	28 per 1000.
on District	....	....	....	8.2 per 1000.

ANTE-NATAL TREATMENT

Patients admitted for treatment :—

Hyperemesis Gravidarum 4 cases

All cases responded to conservative treatment.

1 case was readmitted later in 1946 for delivery.

2 cases are due to be confined in 1947.

1 case aborted four weeks after discharge from hospital.

Pyelitis 16 cases

All cases responded well to conservative treatment and were discharged undelivered.

3 cases were severe.

1 case recurred during the puerperium.

Haematuria	....	....	....	....	....	....	1 case
This cleared without treatment and did not recur.							
Appendicitis	....	....	....	....	....	....	2 cases
Both cases were transferred to Bruntsfield Hospital for appendicectomy.							
One case was readmitted in labour and delivered by Caesarian Section on account of transverse lie.							
The other case is due to be confined in 1947.							
Twisted Ovarian Cyst	....	....	....	....	....	....	1 case
Transferred to Bruntsfield Hospital for operative treatment.							
Cervical Polypus complicating pregnancy	....	....	....	....	....	....	3 cases
All cases admitted for polypectomy and discharged undelivered.							
Breech Presentation	....	....	....	....	....	....	2 cases
Version failed in both cases ; patients were readmitted in labour.							
Anaemia (all hypochromic microcytic)	....	....	....	....	....	....	4 cases
Three cases improved and were discharged ; of these 1 case was readmitted in labour and 2 cases were delivered on district.							
One case received a blood transfusion which was followed by a severe reaction : patient aborted and had a very severe post-partum haemorrhage followed by death (<i>see</i> maternal death, Case 8).							
Phlebitis	....	....	....	....	....	....	3 cases
All cases responded well to treatment.							
One case recurred during the puerperium.							
Eclampsia	....	....	....	....	....	....	6 cases
Four cases were primigravidae, the others multiparae who had no toxæmic history in previous pregnancies ; one was a twin pregnancy.							
There were no maternal or foetal deaths.							
<i>Onset of Fits.</i>				<i>No. of Cases.</i>			
Antepartum	....	....	....	2			
Intrapartum	....	....	....	1			
Post-partum	....	....	....	3	(for details <i>see</i> table I).		

Table I—ECLAMPSIA

CASE No.	REGISTER No.	AGE.	PARA.	MATURITY.	BLOOD PRESSURE ON ADMISSION.	ALBUMEN GMS./LITRE.	FITS.		TYPE.	TREATMENT.	DELIVERY.	RESULT.
							BEFORE ADMISSION.	AFTER ADMISSION.				
1	C5195	41	10	41	175/100	1	1	1	Ante	Sedatives Venesection & intravenous dextrose Artificial rupture of membranes	Low Forceps	M. Ch. L L
2	C5307	25	0	38	155/100	3	—	1	Post	Sedatives Intravenous dextrose Intramuscular glucose	S.V.D.	L L
3	C5324	23	0	35	144/104	5	—	1	Post	Sedatives Intravenous glucose Intramuscular magnesium sulphate	S.V.D.	L L
4	C5448	30	0	34	180/140	8	2	—	Ante	Sedatives Venesection Intravenous dextrose Artificial rupture of membranes	S.V.D.	L L
5	C5702	28	1	40	180/120	5	—	1	Intra	Sedatives Intravenous dextrose	Lower Uterine Segment Caesarian Section	L L
6	C5761	31	1	40	200/120	1*	—	4	Post	Sedatives Intravenous magnesium sulphate and calcium lactate Intramuscular magnesium sulphate	S.V.D. A.B.D. Following combined induction	L L+L

Pre-eclamptic toxæmia 76 cases : an incidence of 5.3 per cent.

A.—Blood pressure of 140/90 or more + albuminuria.

B.—Blood pressure of 130/90 or more + oedema or headache.

A.—*Total number of cases* 56

(i) Admitted on account of antepartum hæmorrhage and delivered	3
(ii) Admitted for treatment, improved, discharged and readmitted in labour	1
(iii) Admitted for treatment, improved, discharged and delivered on district	3
(iv) Admitted for treatment, improved, discharged and readmitted one week later in eclamptic fit	1
(v) Admitted for treatment and delivered	43
(vi) Admitted in labour	5

Details of labour—

Spontaneous onset of labour at term	21
Spontaneous onset of labour prematurely	1
Induction at term—Medical	7
Medical + artificial rupture of membranes	16
Balloon	2
Induction Prematurely—Medical	—
Medical + artificial rupture of membranes	2
Hysterectomy following concealed antepartum hæmorrhage	1
Caesarian Section at the thirtieth week	1
Caesarian Section at term (1 following medical induction)	4

Method of Delivery—

Spontaneous— (i) Vertex	27
(ii) Breech	2
Twins—vertex and breech, 1 case)	3
vertex and vertex, 2 cases)	

Forceps 15 including 1 set of twins both vertices.

Caesarian Section
(all lower uterine
segment) 5

Hysterectomy 1

Foetal Mortality (13.3 per cent.) 8

Stillbirth	premature 1	3
	fulltime 2	
Neo-natal	premature 3	5
	fulltime 2	

B.—*Total number of cases* 20

(i) Admitted for treatment, improved, discharged and readmitted in labour	2
(ii) Admitted for treatment and delivered	17
(iii) Admitted in labour	1

Details of Labour—

Spontaneous onset of labour at term	8
Induction at term—Medical	4
Medical + artificial rupture of membranes	5

Method of Delivery—

Spontaneous— (i) Vertex	....	....	....	....	18	} 19
(ii) Twins (vertex and vertex)	....	....	....	....	1	
Caesarian Section (Classical)	....	....	....	....	1	
<i>Foetal Mortality</i> (9.5 per cent.)	....	....	....	....	....	2
Still-birth (macerated)	....	....	....	....	1	
Neo-natal death	....	....	....	....	1	

Total Foetal Mortality for Pre-eclamptic toxæmia, 12.3 per cent.

Hypertension (the only pathological feature) **31 cases**

A.—Essential hypertension: a blood pressure of 160/100 or more recurring throughout pregnancy.

B.—Raised blood pressure: a blood pressure, systolic and diastolic raised 20 or more on original reading.

A.—Total number of cases	....	....	....	....	....	11
(i) Admitted for treatment and delivered	....	....	....	....	....	8
(ii) Admitted for treatment and discharged undelivered	....	....	....	....	....	2
Of these for delivery in 1947	....	....	....	....	....	1
delivered at home	....	....	....	....	....	1
(iii) Treated at home	....	....	....	....	....	1

Details of Labour—

Spontaneous onset of labour at term	....	....	....	....	....	2
Induction at term—Medical	....	....	....	....	....	3
Medical + artificial rupture of membranes	....	....	....	....	....	3
Therapeutic abortion	....	....	....	....	....	1

Method of Delivery—

Spontaneous vertex	....	....	....	....	....	9
<i>Foetal Mortality</i> (25 per cent.)	....	....	....	....	....	2
Still-birth	....	....	....	....	....	1
Neo-natal death	....	....	....	....	....	1

B.—Total number of cases	....	....	....	....	....	20
(i) Admitted for treatment and discharged undelivered	....	....	....	....	....	2
Of these readmitted in labour	....	....	....	....	....	1
Delivered in Eastern General Hospital	....	....	....	....	....	1
(ii) Admitted for treatment and delivered	....	....	....	....	....	18

Details of Labour—

Spontaneous onset at term	....	....	....	....	....	7
Induction at term—Medical	....	....	....	....	....	6
Medical + artificial rupture of membranes	....	....	....	....	....	6

Method of Delivery—

Spontaneous— (i) Vertex	....	....	....	....	....	18
(ii) Twins (both vertex)	....	....	....	....	....	1

<i>Foetal Mortality</i> (5 per cent.)	....	....	....	....	....	1
Still-birth (precipitate delivery and cerebral haemorrhage)	....	....	....	....	....	1

Total Foetal Mortality for hypertensive cases, 10.8 per cent.

Chronic Nephritis **3 cases**

Two cases were admitted ante-natally and after conservative treatment Caesarian Section (lower uterine segment) was performed.

One case was admitted for ante-natal treatment, followed by spontaneous onset of labour and delivery.

<i>Foetal Mortality</i>	Nil
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Cardiac Disease—

<i>Total number of cases</i>	13
(i) Admitted for treatment and delivered	6
(ii) Admitted for treatment and discharged undelivered	7
Of these readmitted in labour	2
readmitted before onset of labour and	
delivered	4
to be delivered in 1947	1

Details of Labour—

Spontaneous onset of labour at term	7
Induction at term: Medical + artificial rupture of membranes	2
Caesarian Section and Sterilisation	2
Therapeutic abortion (Utus)	1

Method of Delivery—

Spontaneous vertex (including 1 abortion)	6
Forceps (Mid Cavity 2, Low Cavity 2)	4
Elective Caesarian Section (lower uterine segment) + sterilisation	2

In 2 cases severe post-partum circulatory collapse followed delivery—the one after spontaneous delivery, the other after a difficult mid-cavity forceps delivery.

<i>Maternal Mortality</i>	<i>Nil</i>
<i>Foetal Mortality</i> (9 per cent.)	1
Neo-natal death (hydrocephalic and spina bifida)	1

For Investigation 12 cases

Including glycosuria, thyrotoxicosis, chest conditions, kidney function, abdominal pain, uterine fibroids and ruptured membranes. All discharged undelivered.

Abortion 54 cases

Cases of abortion at a period of less than 12 weeks gestation are, if possible, admitted to Bruntsfield Hospital

Threatened—

Total number of cases admitted	12
Satisfactory on discharge, readmitted for delivery	6
Satisfactory on discharge, for delivery in 1947	1
Satisfactory on discharge, booked to be confined elsewhere	1
Aborted later	1
Aborted while in hospital	2

Complete—

Total number of cases, including 3 sets of twins	24
---	----

Incomplete—

Total number of cases	10
Of these—Uterus evacuated by curettage	8
Uterus evacuated by manual expression of	
placenta	1
Uterus evacuated by injection of utus	1

Missed—

Total number of cases	4
Of these—Uterus evacuated by curettage	1
Uterus evacuated by utus	2
Uterus evacuated by oestroform and pituitrin....	1

Therapeutic—

Total number of cases	....	....	....	....	....	....	3
Of these—Uterus evacuated by utus	....	....	....	....	....	....	2
Uterus evacuated by abdominal hysterotomy	....	....	....	....	....	....	1

Septic—

One case visited by District Medical Officer and transferred to City Hospital.

Cases less than 3 months	....	....	....	....	....	....	13
Cases more than 3 months	....	....	....	....	....	....	41
<i>Maternal Mortality</i> (1.9 per cent.)	....	....	....	....	....	....	1

Post-partum haemorrhage following abortion in a patient who was receiving a blood transfusion on account of severe microcytic hypochromic anaemia. (See maternal death, Case 8.)

Ante-partum Haemorrhage 43 cases

A.—Placenta Praevia 20 cases

Central (including 1 case of twins)	5
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Treatment—

Caesarian Section—Classical	1
Lower Uterine Segment	4

<i>Foetal Mortality</i> (50 per cent.)	3
--	------	------	------	------	------	------	---

Still-birth	1
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Neo-natal death	(twin)	2
-----------------	------	------	------	------	------	--------	---

<i>Partial</i>	15
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Treatment—

Spontaneous onset of labour and spontaneous delivery	2
--	------	------	------	------	------	------	---

Spontaneous onset of labour and forceps delivery	1
--	------	------	------	------	------	------	---

Medical induction and spontaneous delivery	1
--	------	------	------	------	------	------	---

Artificial rupture of membranes with spontaneous delivery	3
---	------	------	------	------	------	------	---

Artificial rupture of membranes and forceps delivery	2
--	------	------	------	------	------	------	---

Artificial rupture of membranes and breech extraction	1
---	------	------	------	------	------	------	---

Caesarian Section—Classical	3
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Lower Uterine Segment	2
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<i>Foetal Mortality</i> (20 per cent.)	3
--	------	------	------	------	------	------	---

Still-births (1 case Macerated ; W.R. + + +)	2
--	------	------	------	------	------	------	---

Neo-natal deaths	1
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Total Foetal Mortality for Placenta Praevia. 28.6 per cent.

Table II—PLACENTA PRAEVIA

Case No.	Register No.	Age.	Para.	Maturity.	Type.	TREATMENT.	Result.
1	C4557-	35	1	39	Partial	Classical Caesarian Section	M. Ch.
2	C4583	28	3	35	Partial	Artificial Rupture of Membranes. Assisted Breech Delivery.	L L S-B
3	C4589	33	4	39	Partial	Spontaneous Delivery.	L
4	C4614	36	1	40	Partial	Artificial Rupture of Membranes Forceps Delivery	L L
5	C4661	36	7	33	Central	Classical Caesarean Section	L D
6	C4678	40	5	40	Partial	Artificial Rupture of Membranes Spontaneous Delivery	L L S-B
7	C4724	35	1	40	Partial	Artificial Rupture of Membranes Spontaneous Delivery	L L
8	C4802	32	1	40	Partial	Lower Uterine Caesarian Section	L
9	C4846	31	1	40	Partial	Lower Uterine Caesarian Section	L L
10	C4926	20	0	36	Partial	Artificial Rupture of Membranes Low Forceps Delivery	L D
11	C5113	34	1	40	Partial	Classical Caesarian Section	L
12	C5151	32	1	40	Central	Lower Uterine Caesarian Section	L S-B
13	C5296	39	8	38	Partial	Classical Caesarian Section	L L
14	C5308	26	0	32	Partial	Mid Cavity Forceps	L L
15	C5395	24	0	30	Partial	Artificial Rupture of Membranes Spontaneous Delivery	L L D+L
16	C5473	34	4	33	Central	Lower Uterine Caesarian Section	L
17	C5452	31	4	40	Partial	Medical Induction Spontaneous Delivery	L L
18	C5766	47	13	40	Partial	Spontaneous Delivery	L
19	C6031	31	1	40	Central	Spontaneous Delivery Lower Uterine Caesarian Section	L L
20	C6062	33	4	39	Central	Lower Uterine Caesarian Section	L

B.—Accidental Haemorrhage 23 cases**Concealed** 2 cases

One case associated with mild pre-eclamptic symptoms admitted in labour ; spontaneous delivery of still-born child : patient died of acute bilateral cortical necrosis two days after delivery. (*See maternal death, Case 6.*)

Second case associated with definite pre-eclamptic toxæmia.

Artificial rupture of membranes followed by spontaneous delivery of still-born child.

<i>Maternal Mortality</i> (50 per cent.)	....	....	....	....	1
<i>Foetal Mortality</i> (100 per cent.)	....	....	....	....	2

Revealed and Concealed 2 cases

(i) Admitted in labour : foetal heart not heard : artificial rupture of membranes and Willett's forceps applied to head ; spontaneous delivery of still-born child.

(ii) Admitted in labour with bleeding ; apoplexy of uterus treated by uterine hysterectomy and bilateral salpingo-oophorectomy ; delivered of still-born child.

Revealed 19 cases

Associated with pre-eclamptic toxæmia	....	....	....	2
Cervical polypus	....	....	....	2
Small vaginal laceration	....	....	....	1
Partial premature separation of placenta	....	....	....	12
No cause found, readmitted in labour	....	....	....	2

Treatment—

Artificial rupture of membranes	....	....	....	5
Medical induction + artificial rupture of membranes	....	....	....	5
Admitted in labour	....	....	....	1
Rest and spontaneous onset of labour later	....	....	....	3
Polypectomy and spontaneous onset of labour later	....	....	....	2
Vaginal laceration stitched and spontaneous onset of labour later	....	....	....	1
<i>Foetal Mortality</i> (21 per cent.)	....	....	....	4
Still-birth (2 premature)	....	....	....	4

<i>Total Foetal Mortality for Accidental Haemorrhage,</i>	34.7 per cent.
<i>Maternal Mortality for Accidental Haemorrhage,</i>	4.3 per cent.
<i>Total Foetal Mortality for Ante-partum Haemorrhage,</i>	31.8 per cent.
<i>Total Maternal Mortality for Ante-partum Haemorrhage,</i>	2.3 per cent.

LABOUR

There were **1284 vertex presentations** Of these 79 were occipito-posterior, *i.e.*, 6.1 per cent and 1205 were occipito-anterior.

Occipito-Posterior Position of the Vertex—

		No. of Still- births.	No. of Neo-natal Deaths.
Spontaneous Rotation and spontaneous delivery	20	—	—
<i>Treatment of Persistent Occiput Posterior—</i>			
Spontaneous delivery face to pubis	7	—	1
Manual rotation of head and forceps delivery	9	—	—
Forceps rotation and forceps delivery	1	—	—
Forceps delivery face to pubis	3	—	—
<i>Treatment of arrest in the transverse—</i>			
Manual rotation and forceps delivery	25	—	—
Forceps (Keilland's) rotation and forceps delivery	14	3	3

Table III.—BREACH DELIVERIES—PRIMIPARÆ.

Case No.	Register No.	Age	Maturity	DELIVERY	Resu lt	Wt. of Child	REMARKS
1	C4681	20	40	Breech Extraction : + Forceps.	<i>M. Ch.</i>	<i>lbs. ozs.</i>	Notifiable Pyrexia
2	C4767	23	40	Breech Extraction : + Forceps.	L L	6 5	Second Twin
3	C4809	24	40	Assisted Breech : + Forceps.	L L	5 4	
4	C4816	36	40	Lower Uterine Segment	L L	6 0	
5	C4862	25	40	Caesarian Section	L L	8 11	
6	C4881	20	40	Assisted Breech: M.S.V.	L L	7 4	
7	C4989	25	38	Assisted Breech M.S.V.	L L	7 5	
8	C4994	17	<i>I</i>	Assisted Breech M.S.V.	L S-B	7 2	Severe P.E.T.
9	C5051	20	40	Spontaneous Breech	L L	?	Balloon Induction
10	C5074	25	40	Breech Extraction : + Forceps.	L L	7 12	Hydrocephalus and spina bifida
11	C5173	31	40	Assisted Breech, M.S.V.	L L	5 8	Second Twin
12	C5199	22	40	Assisted Breech : + Forceps.	L L	6 12	
13	C5217	36	39	Breech Extraction : + Forceps.	L L	6 7	
14	C5381	33	39	Assisted Breech M.S.V.	L S-B	6 13	
15	C5402	38	40	Assisted Breech M.S.V.	L L	4 3	First Twin
16	C5405	33	36	Assisted Breech M.S.V.	L L	6 7	Pre-eclamptic toxæmia
17	C5442	24	40	Assisted Breech : + Forceps.	L S-B	?	Anencephalic
18	C5484	38	40	Breech Extraction : + Forceps.	L L	7 1	
19	C5597	28	36	Assisted Breech M.S.V.	L L	7 2	
20		—	—	Transverse Lie and Breech Extraction	L L	3 4	Twins
21	C5621	28	<i>I</i>	Assisted Breech : + Forceps.	L S-B	—	Multiple congenital deformities
22	C5681	24	40	Assisted Breech : + Forceps.	L L	7 6	
23	C5715	31	39	Assisted Breech : + Forceps.	L D	6 15	
24	C5799	38	34	Assisted Breech M.S.V.	L L	3 3	Severe P.E.T. Twins.
25	C5850	26	38	Breech Extraction	L S-B	4 12	Septicaemia
27	C5944	34	40	Breech Extraction	L L	5 10	
28	C5975	24	24	Assisted Breech	L L	6 2	
29	C5976	29	40	Breech Extraction	L D	2 14	Primary Inertia
30	C6122	32	40	Lower Uterine Segment Caesarian Section Breech Extraction : + Forceps.	L L	7 5	Second Twin

Table III—BREACH DELIVERIES—MULTIPARÆ

Case No.	Register No.	Age	Para	Maturity	DELIVERY	Result	Wt. of Child	REMARKS
1	C4538	23	1	40	Assisted Breech M.S.V.	<i>M. Ch.</i> L L	<i>lb. oz.</i> 6 10	
2	C4570	30	1	38	Assisted Breech M.S.V.	L L	4 5	Second Twin
3	C4583	28	3	36	Assisted Breech M.S.V.	L S-B	4 1	W.R. + + + Marginal Placenta Praevia
4	C4579	24	1	37	Assisted Breech M.S.V.	L L	3 15	First Twin
5	C4652	42	4	34	Spontaneous Breech	L D	4 5	Ante-partum Haemorrhage
6	C4752	29	2	33	Assisted Breech M.S.V.	L D	3 0	
7	C4807	44	1	40	Spontaneous Breech	L L	5 12	
8	C4833	39	2	36	Spontaneous Breech	L D	3 0	Severe pre-eclamptic toxæmia
9	C4887	22	1	40	Assisted Breech M.S.V.	L L	6 13	
10	C4930	29	1	40	Assisted Breech M.S.V.	L L	6 4	
11	C4965	35	4	40	Assisted Breech M.S.V.	L L	6 7	
12	C4993	30	1	40	Assisted Breech M.S.V.	L L	6 5	
13	C5063	39	2	?	Internal Podalic Version Breech Extraction	L S-B	?	Macerated Foetus
14	C5143	39	1	40	Spontaneous Breech	L L	6 12	Second Twin
15	C5302	31	1	37	Assisted Breech M.S.V.	L L	5 0	Second Twin
16	C5354	31	4	40	Spontaneous Breech	L L	6 11	Cardiac condition of mother
17	C5373	40	11	38	Assisted Breech M.S.V.	L L	5 1	Combined Induction
18	C5373				Assisted Breech M.S.V.	L L	4 0	Severe Pre-eclampsia
19	C5458	27	2	40	Assisted Breech M.S.V.	L L	8 0	
20	C5501	38	1	41	Assisted Breech M.S.V.	L L	8 0	
21	C5501				Assisted Breech M.S.V.	L L	7 4	

22	C5539	39	2	39	Spontaneous Breech	L	L	5	12	
23	C5580	22	1	40	Assisted Breech M.S.V.	L	L	7	0	
24	C5607	35	3	40	Spontaneous Breech	L	L	8	0	Second Twin
25	C5656	23	3	38	Assisted Breech M.S.V.	L	L	4	0	
26	C5678	36	3	40	Assisted Breech M.S.V.	L	L	7	13	
27	C5698	20	1	41	Breech Extraction	L	S-B	11	12	
{ 28	C5757	40	2	40	Assisted Breech M.S.V.	L	L	7	6	
	C5757				Breech Extraction	L	L	4	0	
30	C5761	31	1	40	Assisted Breech M.S.V.	L	L	5	13	Second Twin Severe Pre-eclampsia
31	C5882	40	5	38	Assisted Breech M.S.V.	L	L	4	8	
32	C5999	35	7	40	Spontaneous Breech	L	S-B	?	?	Severe microcytic anaemia
33	C6007	33	4	36	Assisted Breech M.S.V.	L	S-B	?	?	Prolapsed Cord
34	C6022	36	5	40	Assisted Breech M.S.V.	L	L	7	9	
35	C6088	36	6	40	Assisted Breech M.S.V.	L	L	8	2	
36	C6106	26	1	38	Breech Extraction : + Forceps	L	L	5	13	Second Twin
37	C6117	29	3	36	Breech Extraction	L	L	4	1	Second Twin
38	C6135	28	3	40	Spontaneous Breech	L	S-B	4	0	Anencephalic
39	C6140	35	2	36	Assisted Breech M.S.V.	L	L	7	8	

Face Presentation—

Total number of cases	4
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Two of the babies were fulltime, normal, and were delivered spontaneously alive. The other 2 were anencephalic, of these 1 was delivered spontaneously as a face, the other by forceps as a face: both were still-born.

Foetal Mortality, 50 per cent.

Transverse—

Total number of cases	5	—	—
Corrected to vertex: artificial rupture of membranes	1	—	—
Internal version and breech extraction	2	1	—
Caesarian Section (lower uterine segment)	2	—	1

Multiple Pregnancy—

Total number of cases of twins in	primiparæ	10	} 30
	multiparæ	20	

Diagnosed in 20 cases.

Undiagnosed in 10 cases.

Uniovular twins in 8 cases.

Binovular twins in 22 cases.

38th-40th week of gestation, 20 cases.

32nd-38th week of gestation, 9 cases.

Less than 32 weeks, 1 case.

Method of Delivery—

Spontaneous vertex	....	....	....	29	—	—
Forceps	....	....	....	6	2	—
Spontaneous breech	....	....	....	2	—	—
Assisted breech delivery M.S.V.	....	....	....	15	1	1
Breech extraction M.S.V.	....	....	....	4	1	1
Breech extraction with forceps to after-coming head	....	....	....	1	—	—
Transverse to vertex delivered by forceps				1	—	—
Caesarian Section (lower uterine segment)				2	—	1

Foetal Mortality, 13 per cent.

Table IV.—MULTIPLE PREGNANCIES

CASE No.	REGISTER No.	AGE.	PARA.	MATURITY (in weeks).	DIAGNOSED.	DELIVERY	RESULT.	REMARKS.
1	C4579	30	2	38	Yes	S.V.D.: A.B.D.	M. Ch. L L D L	Influenza in early months
1	C4599	24	1	37	Yes	A.B.D.: S.V.D.		
3	C4767	23	0	40	Yes	S.V.D.: A.B.D.		Ante partum hypertension.
4	C5074	25	0	40	Yes	S.V.D.: A.B.B.		Medical Induction Hypertension.
5	C5143	39	1	40	Yes	S.V.D.: S.B.D.		
6	C5187	26	1	40	No	S.V.D.: S.V.D.		
7	C5301	23	2	38	No	S.V.D.: S.V.D.		Mastitis.
8	C5302	31	1	37	No	S.V.D.: A.B.D.		Pre-eclamptic toxæmia. Combin- ed Induction. Obstetric Shock.
9	C5373	40	11	38	No	A.B.D., Breech extraction		Pre-eclamptic toxæmia.
10	C5382	39	0	39	Yes	A.B.D.: S.V.D.	L S-B L	Obstetric Shock.
11	C5473	34	4	34	No	Lower Uterine Segment. Caesarian Section.	L D L	Severe microcytic anaemia.
12	C5561	38	1	41	Yes	A.B.D.: A.B.D.	L L L	
13	C5597	28	0	36	No	A.B.D.: Transverse A.B.D.	L L S-B	
14	C5656	33	4	38	Yes	S.V.D.: A.B.D.	L L L	
15	C5660	35	0	34	No	S.V.D.: S.V.D.	L L L	
16	C5737	35	1	40	Yes	S.V.D.: S.V.D.	L L L	
17	C5761	31	1	40	Yes	S.V.D.: A.B.D.	L L L	Severe pre-eclampsia. Combined induction. Post-eclamptic fit.
18	C5799	38	0	34	Yes	A.B.D.: Breech extraction.	L L S.B.	Severe pre-eclampsia.
19	C5833	25	1	39	Yes	Both Mid-cavity Forceps.	L L L	Combined induction ; septicaemia.
20	C5858	30	1	36	Yes	S.V.D.: S.V.D.	L L L	Severe pre-eclampsia.
21	C5881	26	0	40	Yes	S.V.D.: S.V.D.	L L L	
22	C5882	40	5	39	No	S.B.D.: High Forceps.	L L S-B	
23	C5967	30	2	40	Yes	S.V.D.: S.V.D.	L L L	
24	C5975	24	0	24	Yes	Mid. Cav. Forceps : Breech extraction.	L S.B. D	
25	C6030	22	0	36	No	S.V.D.: S.V.D.	L L L	Hypertension.
26	C6082	33	3	40	Yes	S.V.D.: S.V.D.	L L L	
27	C6106	26	1	38	Yes	Mid. Cav. Forceps : Breech extraction.	L L L	Acute Mastitis.
28	C6117	29	3	36	No	S.V.D.: Transverse Breech extraction.	L L L	Peptic ulcer.
29	C6122	32	0	40	Yes	Mid. Cav. Forceps : Breech extraction.	L L L	
30	C6162	40	5	40	Yes	S.V.D.: A.B.D.	L L L	Ante-natal sepsis of both legs.

Presentation and Prolapse of the Cord **5**

In 2 cases the cord was pulsating when the condition was discovered.

Method of Delivery—

Spontaneous	1	1	—
Replacement of cord and forceps delivery	3	1	—
Breech extraction	1	1	—

Foetal Mortality, 60 per cent.

Contracted Pelvis	36	—	—
Induction of labour at 38th week....	2	2	—
Spontaneous delivery at term	13	1	—
Forceps delivery at term	6	—	—
Assisted breech delivery M.S.V.	1	—	—
Caesarian Section	14	1	—

Ruptured Uterus	1	—	—
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For details, see maternal death Case 3.

OBSTETRIC OPERATIONS

Of the 1409 viable births 190 were by forceps, *i.e.* 13.4 per cent.

	No. of Cases.	No. of Still- births.	No. of Neo-natal Deaths.
FORCEPS DELIVERIES—			
High Cavity Forceps	1	1	—
Mid Cavity Forceps	100	5	1
Mid Cavity Forceps with Kielland's forceps (Associated with incision of cervix in 6 cases.)	8	2	2
Low Cavity Forceps	73	3	3
Forceps to after-coming head in breech deliveries	8	1	1
<i>Foetal Mortality</i> , 10 per cent.	—	—	—
<i>Maternal Mortality</i> , 1.5 per cent.	3	—	—

Main Indications for Forceps—

Delay in second stage	51	—	1
Maternal distress	22	5	—
Foetal distress	36	3	1
Deep transverse arrest	35	1	1
Persistent occiput posterior	19	—	—
Prolapsed cord	3	1	—
Contracted pelvis	4	—	1
Pre-eclamptic toxæmia	13	1	—

	No. of Cases.	No. of Still- births.	No. of Neo-natal Deaths.
Eclapmsia	1	—	—
Hydrocephalus	2	1	1
Forceps to after-coming head in breech deliveries	8	1	1
Cardiac Disease	4	—	1

CAESARIAN SECTION—

Classical	10	} 58
Lower Uterine Segment	48	

Main Indications for Operation—

Contracted pelvis	14	1	—
Disproportion	6	—	1
Severe pre-eclamptic toxæmia	6	—	2
Elderly primipara	4	1	1
Placenta prævia	12	1	2
Cardiac disease	2	1	—
Eclampsia	1	—	—
Previous still-births	7	—	—
Nephritis	2	—	—
Transverse lie	2	—	1
Failed forceps (unbooked case)	1	—	1
Tuberculous spine	1	—	—

Foetal Mortality, 20.3 per cent.

Maternal Mortality, 1.7 per cent. There was 1 maternal death, see maternal death Case 2.

HYSTEROTOMY—

There were 2 cases.

One for therapeutic abortion on account of general debility following recent pulmonary embolism and 1 for placenta prævia discovered at five months.

“ FAILED FORCEPS ” OUTSIDE	2	1	1
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One was delivered of a live child, which died shortly after birth, by lower uterine segment Caesarian Section. The other was delivered by Keilland's forceps of a still-born hydrocephalic spina bifida.

STERILISATION performed in 9 cases :—

Main indications for operation—

Tuberculous spine	1	—	—
Contracted pelvis	3	—	—
Cardiac disease	2	—	—
Multiparity and debility	3	—	—

INDUCTION OF LABOUR

Labour was induced in 167 cases and a foetal mortality of 18 out of the 167 babies born, *i.e.*, 10.8 per cent.

INDICATION.	Method.	No. of Cases.	FOETAL MORTALITY.
Pre-eclampsia	Medical (Q. and P.)	4	—
	Medical (P.)	7	3
	Medical (Q. and P.) + A.R.M.	11	—
	Medical (P.) + A.R.M.	10	—
	Balloon	2	—
Hypertension	Medical (Q. and P.)	3	—
	Medical (P.)	6	1
	Medical (Q. and P.) + A.R.M.	3	—
	Medical (P.) + A.R.M.	6	—
Maturity and Post-maturity	Medical (Q. and P.)	4	—
	Medical (P.)	18	—
	Medical (Q. and P.) + A.R.M.	3	—
	Medical (P.)	2	—
	A.R.M.	1	—
	Oestroform	1	—
Accidental Haemorrhage	Medical (Q. and P.) + A.R.M.	5	2
	A.R.M.	7	2
Placenta Praevia	A.R.M.	7	—
Eclampsia	A.R.M.	3	—
Ruptured Membranes	Medical (Q. and P.)	13	—
	Medical (P.)	6	—
Recognised Foetal Monstrosities	Medical (Q. and P. + A.R.M.)	1	1
	Medical (Q. and P.)	2	2
	Medical (P.)	1	1
Contracted Pelvis....	Medical (P.) + A.R.M.	2	—
	Medical (Q. and P.)	3	—
	Medical (P.)	13	—
Intra-uterine Death	Medical (P.)	2	5
	Medical (Q. and P.) + A.R.M.	1	
	Medical (P.) + A.R.M.	2	
Cardiac	Medical (P.) + A.R.M.	2	—
Uterine Inertia	Oestroform	3	—
	Ascorbic acid	4	—
Breech Presentation	Medical (Q. and P.)	2	—
	Medical (P.)	3	—
	Balloon	1	1
Transverse	Medical (P.) + A.R.M.	1	—
Previous Caesarean Section	Medical (P.) + A.R.M.	1	—
	Medical (Q. and P.)	1	—

Q. & P.=Quinine and Pituitary Extract.

A.R.M.=Artificial Rupture of Membranes.

Adherent and Retained Placenta ....	....	....	....	....	....	42 cases
A.—Adherent ....	....	....	....	....	....	12
B.—Retained ....	....	....	....	....	....	30
<i>Treatment—</i>						<i>A B</i>
Spontaneous expulsion ....	....	....	....	....	....	— 2
Expressed ....	....	....	....	....	....	— 15
Manual removal of placenta ....	....	....	....	....	....	12 13

Elective manual removal was performed immediately after delivery of child in 5 cases.

Post-partum haemorrhage occurred in 9 of the 30 cases. Six blood transfusions were given. There was 1 death—P.P.H. following manual removal of placenta of abortion, *see p. 00.*

Post-partum haemorrhage—

following spontaneous expulsion of placenta occurred **32 cases**

<i>Type.</i>	<i>Treatment.</i>	<i>No. of Cases.</i>
Atonic	Uterine stimulants.	30
Traumatic	Suture.	2
Secondary		<i>Nil</i>

In 14 cases blood transfusion was necessary.

Maternal Morbidity—

Cases of uterine infection and breast abscess are transferred from hospital and district to isolation bungalow. Cases of breast abscess occurring after discharge are readmitted there for treatment.

(i) <i>B.M. A. Morbidity</i> , 1.4 per cent. ....	....	....	....	....	20 cases
Fatal cases, non-pyrexial ....	....	....	....	....	8
Uterine sepsis ....	....	....	....	....	6
Mastitis ....	....	....	....	....	2
Respiratory Infection ....	....	....	....	....	1
Intercurrent Infection ....	....	....	....	....	1
Staphylococcal septicaemia ....	....	....	....	....	2
(ii) <i>Notifiable Pyrexia</i> , 2.2 per cent. ....	....	....	....	....	32 cases
Local Uterine sepsis ....	....	....	....	....	8
Mastitis ....	....	....	....	....	10
Pyelitis ....	....	....	....	....	9
Subacute bacterial endocarditis ....	....	....	....	....	1
Phlebitis ....	....	....	....	....	2
Pyrexia of Unknown Origin ....	....	....	....	....	2

Details of Maternal Mortality 8 cases., *i.e.*, 3.5 per cent.

Case 1 (C4653), age 32.—Para O and one ten weeks abortion ; influenza six weeks before delivery ; condition satisfactory throughout ante-natal period until 9 days before delivery, when B.P. was 144/96, with oedema ; admitted to ante-natal ward, medical induction given, failed, condition improved ; discharged home after 7 days. Readmitted in labour 2 days later ; patient delivered herself spontaneously of a live female child weighing 6½ pounds, after a labour of 24h. 10m. Twenty minutes later placenta and membranes delivered complete followed by mild P.P.H., controlled by uterine stimulants ; patient showed signs of shock. Intravenous plasma and cardiac stimulants were given, temperature rose to 105°, condition deteriorated and patient died 6 hours later.

P.M. report : Post influenzal pneumonia.
Toxaemia of pregnancy.

Case 2 (C5639), age 36.—Para. 3 (all Caesarian Section on account of contracted pelvis). Admitted for elective Caesarian Section and sterilisation 5 days before expected date of delivery. General condition satisfactory : Caesarean Section and sterilisation carried out 3 days after admission under nitrous oxide, oxygen and ether anaesthesia. The patient's condition remained satisfactory until the operation had just concluded, when her pulse volume became very poor. A plasma drip was commenced and cardiac stimulants were given, but patient's respirations failed and all attempts at resuscitation were useless. Patient died 1h. 15m. after termination of anaesthetic, but she had not regained consciousness. No P.M. performed.

Case 3 (C5571), age 34.—Para 0.—Uneventful pregnancy admitted in labour ; low forceps delivery under nitrous oxide, oxygen and ether anaesthesia, with episiotomy after labour of 32 hours for foetal distress : child asphyxia livida responded quickly, 9 pounds 2 ozs.

Third stage normal ; patient collapsed while episiotomy was being stitched ; intravenous blood and plasma given, with cardiac stimulants ; patient failed to respond and died 20 hours later.

P.M. report : terminal cardiac failure.

Case 4 (C5100), age 27.—Para 2—1 spont. delivery ; 1 Classical Caesarian Section for placenta praevia 50 weeks before expected date of delivery. Pregnancy uneventful apart from cystitis during 7th month, which responded to conservative treatment. Admitted—false labour—discharged. Readmitted in labour ; 2 hours after admission suddenly collapsed. Diagnosis of ruptured uterus made ; plasma drip commenced and immediate section performed. Foetus dead in abdominal cavity with complete rupture of old scar. Uterus was removed and abdominal wound was being stitched when patient died.

Case 5 (-4818), age 41.—Para. 0.—Pregnancy uneventful : admitted in first stage labour. After a labour of 32 hours patient fully dilated, but becoming exhausted ; low forceps delivery of live male child (6½ pounds) under nitrous oxide, oxygen and ether anaesthesia ; placenta and membranes expelled complete ; mild P.P.H. controlled by i.v. engometrine.

Two hours later patient became cyanosed and breathing became rapid and distressed and pulse rapid (130/minute) and of poor volume. Coramine and strychnine were injected, but patient became increasingly restless and distressed and died 1½ hours later.

No post-mortem. Death certificate : acute pulmonary collapse.

Case 6 (C5468), age 26.—Para. 3.—One live child ; 2 premature, both still-born.—Anaemic on first visit, defaulted and admitted in labour at 35/52. Concealed accidental haemorrhage diagnosed ; foetal heart not heard ; patient shocked B.P. 130/70. Oedematous, albuminuric—Esbach 5 pts. ; spontaneous delivery of S.B. after 6h. 40m. ; blood transfusion commenced. After 24 hours patient had not passed urine ; 4 ounces withdrawn by catheter Esbach, 5 pts. Sodium Sulphate 4.285% drip i.v. commenced ; 1 dr. of urine by catheter. Following day condition unchanged ; 1 dr. of urine obtained ; digoxin .5 mgs., followed by .25 6 hourly ; oxygen ; patient improved ; 2 dr. of urine obtained. Patient suddenly collapsed and died 72 hours after delivery.

P.M. report : Acute Bilateral Cortical Necrosis,

Case 7 (C5271), age 32.—Para 0.—Uneventful pregnancy, until last visit on expected date of delivery, when B.P. 170/110 and there was slight generalised oedema. Patient admitted 2 days later and condition improved, B.P. 136/86, combined induction. After labour of 33h. 50m., low mid-cavity forceps delivery of live male child (9½ pounds), for non-advance of head; manual removal of placenta after third stage of 2 hrs. 10 mins. on account of P.P.H. Patient collapsed: plasma drip set up intravenously, heat and cardiac stimulants: patient did not respond and died 3 hrs. 45 mins. after completion of labour.

P.M. report: no pathological changes; death presumably due to shock.

Case 8 (C6052), age 26.—Para. 0—27 weeks pregnant.—Patient admitted to ante-natal ward on account of anaemia, which did not appear to have been present at previous ante-natal visit.

Microcytic hypochromic anaemia diagnosed, Hb 30 per cent. After one week of conservative treatment, transfusion of compatible blood set up at 15 drops/minute. After 1/3 of a pint had been given, patient complained of rigor and headache; blood discontinued and patient improved: 3 hours later complained of backache and 3 hours later precipitately delivered herself of foetus. Placenta was retained and there was slight haemorrhage. Intravenous plasma set up and manual removal of partially adherent placenta under pentothal anaesthesia. Hot intrauterine douche given and intravenous ergometrine given. Uterus failed to contract and a continuous post-partum haemorrhage occurred. An intra uterine pack was inserted under Chloroform anaesthesia, but the uterus remained atonic and bleeding continued. In spite of further uterine stimulants bleeding continued and patient died 3 hours after delivery of foetus.

P.M. report: Terminal pulmonary oedema, otherwise no pathological changes. The blood was again checked by blood transfusion department and was found compatible in every respect.

Patients transferred to other hospitals	....	....	....	....	5 cases
To West House, puerperal insanity	....	....	....	....	1
To Bruntsfield Hospital for appendicectomy	....	....	....	....	2
for ovariectomy	....	....	....	....	2

DEPARTMENT OF VENEREAL DISEASE AND VAGINAL DISCHARGE

Number of patients admitted for ante-natal treatment	....	....	....	....	46
Vaginal discharge	....	....	....	....	9
Syphilis	....	....	....	....	8
Number of patients admitted for delivery who had attended special clinic	....	....	....	....	114
Of these—Vaginal discharge	....	....	....	....	104
Syphilis	....	....	....	....	10
Number of babies admitted with ophthalmia neonatorum both gonococcal	....	....	....	....	2
(One of these transferred with mother from another hospital.)					

One patient transferred from another hospital suffering from gonorrhoea.

BACTERIOLOGICAL REPORT.

Swabs are taken from the fauces and vagina of all patients on admission and again on the fourth day of the puerperium. Swabs are taken from the cervix prior to surgical induction.

Hospital Cases—

Haemolytic streptococci in fauces	....	....	....	....	....	6
Pathological results	....	....	....	....	....	—
Haemolytic streptococci in Vagina	....	....	....	....	....	24
Group A	....	....	....	....	....	4
Group C	....	....	....	....	....	3
Ungrouped	....	....	....	....	....	17

District Cases—

Haemolytic streptococci in fauces	....	....	....	....	....	<i>Nil</i>
Vagina	....	....	....	....	....	3

DISTRICT.

Total Deliveries	....	....	....	....	....	617
Deliveries after 28th week of pregnancy	....	....	....	....	....	609
Deliveries before 28th week of pregnancy	....	....	....	....	....	8
Abortions	....	....	....	....	....	8
Twins	....	....	....	....	....	Sets 9
There were no maternal deaths.						

Foetal Mortality, 3.5 per cent.	....	....	....	....	....	22
Still-births	....	....	....	....	....	17
Neo natal deaths	....	....	....	....	....	5

Presentation—

Vertex occiput anterior	....	....	....	....	....	585
posterior	....	....	....	....	....	10
Breech	....	....	....	....	....	13
Face	....	....	....	....	....	1
						<u>609</u>

There were 16 forceps deliveries during the year and 1 craniotomy in a hydrocephalic spina bifida.

In 4 cases the puerperium was morbid, representing .65 per cent. of deliveries.

Causes of Still-births—

Macerated	....	....	....	....	....	5
Asphyxia	....	....	....	....	(including 1 B.B.A.)	6
Prematurity	....	....	....	....	....	2
Hydrocephalus	....	....	....	....	....	2
Spina bifida	....	....	....	....	....	1
Cerebral Haemorrhage	....	....	....	....	....	1
						<u>17</u>

Causes of Neo-natal Death—

Hydrocephalus	....	....	....	....	....	1
Prematurity	....	....	....	....	....	2
Atelectasis	....	....	....	....	....	2

All these infants were transferred to E.I.M.H. and died in hospital.

Causes of Neo-natal Morbidity—

Prematurity	....	....	....	....	....	....	....	1
Atelectasis	....	....	....	(1 transferred to E.I.M.H.)	....	....	....	2
Hydrocephalus	....	....	....	....	....	....	....	1
Bilateral talipes and spina bifida	....	....	....	....	....	....	....	1
Spina bifida	....	....	....	....	....	....	....	2
								<hr/>
								7
								<hr/>

OUT-PATIENT DEPARTMENT

Ante-natal clinics—				<i>New</i>	<i>Return</i>
Hospital	....	....	....	2275	12,829
Torhichen Street Dispensary	....	....	....	259	1932
Post-natal and Gynaecological—					
Hospital	....	....	....	404	1389
Post-natal baby clinic—					
Hospital	....	....	....	762	1785
Special clinic—					
Hospital	....	....	....	239	3488
Vaccinations—					
Hospital	....	....	....	210	210
A total of 25,182 visits.					

PAEDIATRIC SECTION

Live Births	....	....	....	....	....	....	1390
Mature (<i>i.e.</i> , over 5½ lbs.)	....	....	....	....	....	1296	
Premature	....	....	....	....	....	94	

Neo-natal Deaths—				Premature Infants.	Mature Infants.	TOTAL
Deaths—Neo-natal	....	....	....	24	15	39
Over 1 month	....	....	....	—	1	1
				<hr/>	<hr/>	<hr/>
				24	16	40

Mortality Rates in Premature Infants—				Lived.	Died.	TOTAL
5½ lbs.—5 lbs.	....	....	....	27	3	30
5 lbs.—4½ lbs.	....	....	....	14	—	14
4½ lbs.—4 lbs.	....	....	....	14	4	18
4 lbs.—3½ lbs.	....	....	....	7	4	11
3½ lbs.—3 lbs.	....	....	....	6	5	11
3 lbs.—2½ lbs.	....	....	....	2	3	5
2½ lbs.—2 lbs.	....	....	....	—	3	3
2 lbs.—1½ lbs.	....	....	....	—	2	2
				<hr/>	<hr/>	<hr/>
				70	24	94

NEO-NATAL MORTALITY—**Causes of Death—**

				Premature Infants.	Mature Infants.	TOTAL
Lung Abscess	....	....	....	1	—	1
Asphyxia	....	....	....	—	1	1
Atelectasis	....	....	....	3	3	6
Intra-cranial haemorrhage	....	....	....	3	3	6
Hydrocephalus and spina bifida	....	....	....	5	—	5
Spina bifida	....	....	....	1	—	1
Anencephalus	....	....	....	—	1	1
Multiple Congenital deformities	....	....	....	2	1	3
Erythroblastosis foetalis	....	....	....	1	—	1
Gastro-enteritis	....	....	....	—	1	1
Prematurity	....	....	....	—	14	14
				<hr/>	<hr/>	<hr/>
				16	24	40

Mode of Delivery—				Mature Infants	Premature Infants	TOTAL
Spontaneous vertex delivery	....	....	....	6	11	17
Spontaneous breech delivery	....	....	....	—	5	5
Assisted breech delivery, forceps to after-coming head	....	....	....	1	—	1
Forceps delivery	....	....	....	4	4	8
Caesarian Section	....	....	....	5	4	9
				16	24	40
Type of Pregnancy—						
Normal	....	....	....	12	12	24
Abnormal—						
Ante partum haemorrhage	....	....	....	—	3	3
Ante-partum haemorrhage and pre-eclampsia	....	....	....	—	1	1
Pre eclamptic toxæmia	....	....	....	3	5	8
Hydramnios	....	....	....	—	1	1
Pneumonia	....	....	....	—	1	1
Threatened abortion	....	....	....	—	1	1
Cardiac condition	....	....	....	1	—	1
				16	24	40
NEO-NATAL MORBIDITY—						
Normal, 1281, <i>i.e.</i> , 92.2 per cent.						
Morbid, including 40 neo-natal deaths, 109, <i>i.e.</i> , 7.8 per cent.						
Infections—						
Thrush	....	....	....	....	....	10
Sore Buttocks	....	....	....	....	....	2
Pneumonia	....	....	....	....	....	2
Pemphigus	....	....	....	....	....	2
Ophthalmia neonatorum	....	....	....	....	....	2
Septic umbilicus	....	....	....	....	....	2
Ammoniacal dermatitis	....	....	....	....	....	2
Septic digits	....	....	....	....	....	3
Dehydration	....	....	....	....	....	2
W.R. + +	....	....	....	....	....	7
						34
Birth Injuries—						
Signs of cerebral irritation	....	....	....	....	....	11
Facial palsy	....	....	....	....	....	2
Erb's palsy	....	....	....	....	....	1
Fractures	....	....	....	....	....	3
						17
Digestive—						
Vomiting—Functional	....	....	....	....	....	3
Organic	....	....	....	....	....	1
						4
Congenital Defects—						
Talipes	....	....	....	....	....	4
Hare lip	....	....	....	....	....	3
Heart	....	....	....	....	....	1
Hypospadias	....	....	....	....	....	2
Hydrocele	....	....	....	....	....	2
Inguinal hernia	....	....	....	....	....	1
						13

STILL-BIRTHS—

Mature, 33 } 50, *i.e.*, 3.4 per cent.
 Premature, 17 }

	Mature Infants	Premature Infants	TOTAL
Causes of Still-birth—			
Intracranial haemorrhage	5	1	6
Congenital defects	3	5	8
Intra-uterine death (inconclusive at P.M.)	5	4	9
Asphyxia	20	7	27
	33	17	50

Mode of Delivery—

Spontaneous vertex delivery	21
Assisted breech delivery M.S.V.	11
Forceps delivery—High 2 ; Mid 7, Low 3	12
Caesarian Section	4
Hysterectomy	2
	50

Pregnancy—its nature—

Normal	27
Abnormal	23
Ante-partum haemorrhage	9
Pre-eclamptic toxæmia	4
Eclampsia	—
Hydraamnios	3
Anaemia	1
Hypertension 4—	2
Cardiac	1
Threatened abortion	1
Ruptured uterus	1
W.R. + + +	1

FEEDING at 2 weeks or on discharge from hospital—

Breast, 1012, *i.e.*, 75.6 per cent.

Breast + complementary feeding, 181, *i.e.*, 13.5 per cent.

Artificial, 146, *i.e.*, 10.9 per cent.

Causes of Abnormal Lactation—

Mother—

Unfit	52
Deficient milk supply	26
Fissured nipples	60
Retracted nipples	12
Mastitis	39
Social and economic reasons -	25

Baby—

Premature	18
Rh-ve (antibodies)	3
Cleft palate	3
Unfit to suck	2

POST-NATAL INFANT CLINICS

	New	Return
Attendances at hospital	762	17,850
Vaccinations	220	210
Child Welfare attendances	393	2,061

Table V.—COMPARATIVE TABLE

	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
Total number of patients delivered	H 1234 D 532	1356 572	1205 547	1282 495	1160 492	1295 513	1310 552	1311 478	1256 354	1420 608
Maternal Mortality	H .49% D —	.52% —	.74% —	.3% —	.086% —	.15% .19%	.15% —	.3% .2%	.4% —	.5% —
Maternal Morbidity	H 2.7% D 1.5%	4.4% 2.6%	4.3% 1.2%	4.5% 2.6%	2.6% 2%	4.67% 1.5%	6.5% 1%	6.1% .2%	6.3% 1.6%	3.67% .65%
Forceps	H 13% D .4%	14% .74%	14.9% 1.4%	14.2% .6%	16.6% 1%	20.3% 1.1%	16.1% 1.4%	15% 1.7%	12.8% .16%	13.4% .1%
Caesarian Section	4.2%	5.3%	4.9%	5.5%	3.4%	5.5%	4.4%	4.5%	3.4%	4.8%
Still-birth	H 4.2% D .81%	5.2% 2.3%	5.2% 1%	2.8% 2.7%	3.8% 1.4%	3.6% 3.5%	3.8% 3.5%	3.6% 1%	3.6% 3.1%	3.4% 1.8%
Neo-natal mortality	H 2.5% D 2.4%	2.7% 3.5%	2.8% .6%	— 2.7%	3% 2.8%	2.6% 2.6%	3.1% 2.9%	4% 2.7%	3% 1.1%	2.8% .8%

H=Hospital.

D=District.

